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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
09/820,884	Geetha Ravishanka	95-461 4452							
FITLE OF INVENTION: MESSAGING SYSTEM CONFIGURED FOR SELECTIVELY ACCESSING SUBSCRIBER SPOKEN NAME FROM A									
DIRECTORY SERVER BASED ON DETERMINED UNAVAILABILITY OF MESSAGING SERVER 07/06/2009 FHOHAMM 000000009 09820884									
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	UE PR	EV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional :	NO	\$1510	\$0		\$0		\$1510	07/06/2009	
EXAMINER		ART UNIT	ÇLASS-SUBCLASS						
CHANKONG, DOHM 2452			709-228000						
1. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3								
Number is required.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Cisco Technology, Inc. San Jose, CA									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) and \(\frac{\text{\tin}\text{\tetx{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texitex{\text{\texi}\text{\texit{\texi{\texict{\texi}\text{\texi}\texit{\text{\text{\text{\texit{\texi{\texi{\texi{\texi{\t	Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1130 (enclose an extra copy of this form).								
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Authorized Signature	Lords of the Office Sta	t and Trademan	COHICE.				2, 2009		
-	Leon R. T	Turkevich			-		035		

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